FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

**OMB APPROVAL** STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

3235-0287 Estimated average burden hours per response: 0.5

1. Name and Address of Reporting Person*  JONES LESLIE A							2. Issuer Name and Ticker or Trading Symbol DENTSPLY INTERNATIONAL INC /DE/ [XRAY]										elationship of Reporting F ck all applicable)  Director  Officer (give title			Person(s) to Issuer  10% Owner  Other (specify	
(Last) (First) (Middle) 221 WEST PHILADELPHIA STREET SUITE 60W						5/20/2	2015	iest Trans		<u> </u>				below		- Fili	below)`				
(Street) YORK PA 17405  (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)  tive Securities Acquired, Disposed of, or Benefic										Individual or Joint/Group Filing (Check Applicable ine)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person  Person  Person					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					saction	n	2A. Do Execu if any (Mont	3. Tra	ınsac de (Ir	tion	4. Securities Acquired (A)			(A) or	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Cod	de	v	Amount		(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)	on(s)		(Instr. 4)	
Common Stock 05/20/						2015			M	1		1,739		A	\$0	96	96,540		D		
Common Stock 05/20/						2015			M	1		1,584		A	\$0	98,124			D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	1. Transaction Code (Instr. 3)		Deri Sec Acq or D of (I	umber of vative urities uired (A) isposed o) (Instr. and 5)	6. Dat Expira (Mont	ation	Date	ar) Securit Underly Derivat		ount of urities		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported	e s ally g	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisab		Expiration Date	0 N 0		Amount or Number of Shares		Transaction(s) (Instr. 4)				
RSU (Restricted Stock Unit)	\$52.37	05/20/2015			М		1,739 <sup>(1)</sup>		05/20	05/20/2015		(2)	Common Stock		1,739	\$0 <sup>(2)</sup>	5,997.6	561	D		
RSU (Restricted Stock Unit)	\$52.37	05/20/2015			М			1,584 <sup>(3)</sup>	05/20	0/201	5	(2)		nmon ock	1,584	\$0 <sup>(2)</sup>	4,413.6	561	D		

## **Explanation of Responses:**

- 1. Vesting of RSU granted 5/23/2012 (and previously reported on Form 4) along with accumulated dividends (issued on a quarterly basis and also reported on Form 4s since the date of the grant).
- 2. Not applicable to this transaction.
- 3. Vesting of RSU granted 5/22/2013 (and previously reported on Form 4) along with accumulated dividends (issued on a quarterly basis and also reported on Form 4s since the date of the grant).

Deborah M. Rasin, POA for

05/22/2015

Leslie A. Jones \*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.